

**MIAMI-DADE COUNTY
EMPLOYEE RELATIONS DEPARTMENT
EMPLOYMENT APPLICATION**

Social Security Number

First Name		Middle Initial	Last Name	
Permanent Street Address (to include Building, Apartment Number, Suite, etc.)			Building	Apt.
City		State	Zip	
Home Telephone Number ()		Work Telephone Number (Extension) ()		
Alternate Telephone Number ()		E-mail Address		
Do you have a relative employed with Miami-Dade County? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name		Relationship		Department

Are you currently a Miami-Dade County employee? Yes ☐ No ☐ If yes, what department? _____

DRIVER LICENSE

<input type="checkbox"/> Operator/ Class E	<input type="checkbox"/> Commercial/ Class (A) (B) or (C)	<input type="checkbox"/> Chauffeur/ Class D	Permit(s) _____
Date of Birth _____ (Optional)			CDL Endorsement(s) _____
Driver License Number _____		Expiration Date _____	

Has your license ever been suspended or revoked? Yes ☐ No ☐ If yes, give details: _____

EDUCATION-TRAINING-SKILLS

Language(s) other than English _____

Name of School, City, State	Dates of Attendance (Month/Year)		Semester Credits or Credit Hours Earned	Area(s) of Study, Course Title(s), or Major (Fields)	Please Indicate Diploma/Degree Received
	From	To			
High School/ GED					
College					
Post Graduate Studies					
Certificate(s) or License(s)					

List all computer skills: _____

Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the following:			Have you ever been sued for misappropriation of funds, property, or for intentionally injuring someone or damaging property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the following:	
Type of Crime	Date of Conviction	Penalty Imposed	Action	Disposition

EMPLOYMENT HISTORY

List previous employment history starting with your current or most recent employment. If you have held more than one position within the same organization, list each position as a separate period of employment. Be sure to indicate where employment may be verified. Please include job-related volunteer, temporary, part-time work and military experience.

1	EMPLOYER'S NAME: _____ CITY: _____ STATE: _____ ZIP CODE: _____ JOB TITLE: _____ START DATE: _____ END DATE: _____ SUPERVISOR'S NAME: _____ TELEPHONE NUMBER: (_____) _____ DUTIES: _____ _____ REASON FOR LEAVING: _____
2	EMPLOYER'S NAME: _____ CITY: _____ STATE: _____ ZIP CODE: _____ JOB TITLE: _____ START DATE: _____ END DATE: _____ SUPERVISOR'S NAME: _____ TELEPHONE NUMBER: (_____) _____ DUTIES: _____ _____ REASON FOR LEAVING: _____
3	EMPLOYER'S NAME: _____ CITY: _____ STATE: _____ ZIP CODE: _____ JOB TITLE: _____ START DATE: _____ END DATE: _____ SUPERVISOR'S NAME: _____ TELEPHONE NUMBER: (_____) _____ DUTIES: _____ _____ REASON FOR LEAVING: _____
4	EMPLOYER'S NAME: _____ CITY: _____ STATE: _____ ZIP CODE: _____ JOB TITLE: _____ START DATE: _____ END DATE: _____ SUPERVISOR'S NAME: _____ TELEPHONE NUMBER: (_____) _____ DUTIES: _____ _____ REASON FOR LEAVING: _____

If not stated, have you previously been employed by Miami-Dade County? Yes ☐ No ☐

If yes, Department Name: _____ Start Date: _____ End Date: _____

CERTIFICATION: I certify that, to the best of my knowledge and belief, all the statements contained herein and on any attachments are correct, complete, and made in good faith. I understand that a background check will be conducted and that should an investigation disclose any misrepresentation, I may be subject to dismissal. I consent to the release of information to include, but not limited to, my ability, employment history, Driver license record (if applicable), criminal background check, and fitness for employment by employers, schools, other individuals and organizations to personnel staff and other authorized employees of Miami-Dade County for employment purposes. If I am hired, this consent shall remain in effect during my employment. I understand that this employment application submitted for Miami-Dade County employment is public record except for certain classifications as mandated by State law.

In accordance with the provisions of Section 2-11.17 of the Code of Miami-Dade County, unless otherwise exempted, I hereby certify that I am presently a resident of Miami-Dade County, or if not a resident, I hereby agree to establish and maintain permanent residence in Miami-Dade County within six (6) months of employment from the original appointment date for those positions without a probationary period or within three (3) months of completing the required probationary period for the original appointment. I further understand that my failure to comply with the provisions of said ordinance may result in my automatic termination from Miami-Dade County employment.

I understand that in accordance with Section 2-11.29 of the Miami-Dade County Code, all males from the ages of 18 through 25 are required to register with the Federal Selective Service System under the Military Service Act, 50 U.S.C. App. 453. Applicants must provide proof of registration within ninety (90) days of appointment. Registration with the Federal Selective Service System is a condition of continued employment.

Signature _____

Date _____

EMPLOYMENT APPLICATION ADDENDUM

MIAMI-DADE COUNTY PROVIDES EQUAL ACCESS OPPORTUNITY IN EMPLOYMENT AND SERVICES FOR MINORITIES / FEMALES / APPLICANTS WITH DISABILITIES.

MIAMI-DADE COUNTY'S HIRING DECISIONS ARE CONTINGENT UPON THE RESULTS OF A PHYSICAL EXAMINATION, TO INCLUDE ALCOHOL AND DRUG SCREENING. PRIOR TO EMPLOYMENT, YOUR FINGERPRINTS WILL BE TAKEN FOR A BACKGROUND CHECK.

VOLUNTARY EEO SURVEY

First Name	Middle Initial	Last Name	Social Security Number
<hr/>			
Consistent with federal law, Miami-Dade County will use this information concerning race/ethnicity/gender for voluntary affirmative action purposes only.			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Ethnic Group with which you want to be identified (Check Only One): <input type="checkbox"/> (A) White (not of Hispanic origin) <input type="checkbox"/> (B) Black (not of Hispanic origin) <input type="checkbox"/> (C) Hispanic <input type="checkbox"/> (D) Asian or Pacific Islander <input type="checkbox"/> (E) American Indian or Alaskan Native			
Are you claiming Veteran's Preference ? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, see reverse side.)			

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TITLE _____ (Q) (DNQ)	TITLE _____ (Q) (DNQ)
OCC CODE _____ DATE _____	OCC CODE _____ DATE _____
_____	_____
TITLE _____ (Q) (DNQ)	TITLE _____ (Q) (DNQ)
OCC CODE _____ DATE _____	OCC CODE _____ DATE _____
_____	_____
TITLE _____ (Q) (DNQ)	TITLE _____ (Q) (DNQ)
OCC CODE _____ DATE _____	OCC CODE _____ DATE _____
_____	_____
TITLE _____ (Q) (DNQ)	TITLE _____ (Q) (DNQ)
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TITLE _____ (Q) (DNQ)	TITLE _____ (Q) (DNQ)
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_____	_____
TITLE _____ (Q) (DNQ)	TITLE _____ (Q) (DNQ)
OCC CODE _____ DATE _____	OCC CODE _____ DATE _____
_____	_____
TITLE _____ (Q) (DNQ)	TITLE _____ (Q) (DNQ)
OCC CODE _____ DATE _____	OCC CODE _____ DATE _____
_____	_____

VETERANS' PREFERENCE

Completion of the Veterans' Preference Claim section below is made on a voluntary basis and kept confidential in accordance with the American with Disabilities Act. Listed below are the five Veterans' Preference categories.

1. A veteran with a compensable service-connected disability who is eligible for **or** receiving compensation, disability retirement benefits, or pension under public laws administered by the Veterans' Affairs and/or the Department of Defense, **or**
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or spouse of a veteran missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power, **or**
3. A veteran of any war who has served at least one day or more during a wartime era; and who was discharged or separated therefrom under honorable conditions from the Armed Forces. Active-duty for training is not allowable, **or**
4. An employee in a covered position who leaves employment to serve in the Armed Forces and is separated with an honorable discharge, and is reinstated within one year of the date of separation from the military service is entitled to veteran's preference on their first promotion following reinstatement, **or**
5. The unremarried widow or widower of a veteran who died of a service-connected disability.

Documentation substantiating your claim must be submitted with this form (DD form 214 (Member-4) or Letter from the Florida Department of Veteran's Affairs or Department of Defense indicating service-connected disability) at the time of application. In addition, applicants claiming categories 1, 2 or 5 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Under the State of Florida Veterans' Preference law, preference in appointment shall be given by the State of Florida and its political subdivisions to those persons in categories 1 and 2 and then those in categories 3 and 5. Retired military personnel are eligible.

If any applicant claiming veterans' preference for a vacant position is not selected for the position, they may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employer or within three months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? **1** **2** **3** **4** **5**

(Please circle 1, 2, 3, 4 or 5 from the Veterans' Preference section above)

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

Are you a resident of the State of Florida? Yes ☐ No ☐

IN THE STATE OF FLORIDA, HAVE YOU BEEN EMPLOYED BY A STATE UNIVERSITY, COMMUNITY COLLEGE, SCHOOL FOR THE DEAF AND BLIND, OR BY A POLITICAL SUBDIVISION (COUNTIES, CITIES, TOWNS, VILLAGES, SPECIAL TAX SCHOOL DISTRICTS, SPECIAL ROAD AND BRIDGE DISTRICTS, AND ALL OTHER DISTRICTS)? YES ☐ NO ☐

If YES, please provide the following information:

Name of the State and/or State political subdivision employer(s): _____

Dates of Employment: Start Date: _____ End Date: _____

Employment Status: Full-time ☐ Part-time ☐ Temporary ☐

Did you receive or intend to receive: Annual (Vacation) Leave? Yes ☐ No ☐

 Sick Leave? Yes ☐ No ☐

 and/or tenure toward Retirement in any State of Florida related retirement system? Yes ☐ No ☐

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation, I may be subject to dismissal. Veterans' Preference applies only for the preferred applicant's initial employment by a covered employer. I understand that my Veteran's Preference status may be subject to change in the event that information is obtained which affects my preference determination. Previous employment with a governmental entity within the State of Florida will cause the veteran's preference to expire.

Date: _____ **Signature:** _____

Revised 10/2/2000

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VETERANS' PREFERENCE RATING	(NONE)	(5 POINTS)	(10 POINTS DISABILITY)	(30% OR MORE DISABILITY)
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